#### **SUMMARY SHEET**

	Change in Company's premium or rat	e level produced by rate revision effective	Upon Approval
	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois)*	<u>Change (+ or -)**</u>
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety	<u> </u>	
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine	<del></del>	
12.	Homeowners	<del></del>	
13.	Commercial Multi-Peril	<del></del>	
14.	Crop Hail	<del></del>	
15.	Other Medical Malpractice	221,714	-15.0
no		rates of an advisory organization, specify or	rganization):
We a	are filing a rate reduction for our	independently filed Allied Health prog n percent. To support this filing we have	gram. Our intention is to
* A	djusted to reflect all prior rate changes	i.	

Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

SEP 26 2008

SPRINGFIELD, ILLINOIS

ACE American Insurance Company Name of Company

Viola McBride - Regulatory Associate

Official - Title

H29219D

FILING 08-MR-2007652 (R)

Form (RF-3)

# ILLINOIS DEPARTMENT OF INSURANCE

#### **SUMMARY SHEET**

Change in Company's premium or rate le	vel produced by rate revision effective	11/4/08
(1) <u>Coverage</u>	(2) Annual Premium <u>Volume (Illinois)</u> *	(3) Percent <u>Change (+ or -)**</u>
Automobile Liability Private     Passenger Commercial		
Automobile Physical Damage     Private Passenger Commercial		
3. Liability Other Than Auto		
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Professional Liab Line of Insurance	1,489,749	-0.8%
Does filing only apply to certain territory Corporation Rating Charge for Dentists, c	(territories) or certain classes? If so, spec other than Oral Surgeons.	rify: Yes, this filing is a reduction in the
Brief description of filing. (If filing follows i	rates of an advisory organization, specify	organization):
Revise P/C Rating Charge for Dentists, o	other than Oral Surgeons. Filing has an -0	0.8% rate impact.
*Adjusted to reflect all prior rate changes. **Change in Company's premium level w	hich will result from application of new rate	es.
	The Me	dical Protective Company
		Name of Company
		Official – Title

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR

OCT 3 1 2008

SPRINGFIELD, ILLINOIS

filing# 08-IL-119

# Section 754.EXHIBIT A Summary Sheet (Form RF-3)

effective 01/01/2009

FORM (RF-3)

#### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

NOV 06 2008

SPRINGFIELD, ILLINOIS

-	(1)	(2) Annual Premium	(3) Percent			
-	Coverage	- Volume (Illinois) *	Change (+or-) **			
1.	Automobile Liability Private					
	Passenger					
	Commercial					
2	Automobile Physical Damag					
	Private Passenger		· · · · · · · · · · · · · · · · · · ·			
	Commercial					
	Liability Other Than Auto					
	Burglary and Theft					
	Glass					
	Fidelity					
	Surety					
	Boiler and Machinery					
	Fire					
	Extended Coverage					
	Inland Marine	· · · · · · · · · · · · · · · · · · ·				
	Homeowners					
	Commercial Multi-Peril		***************************************			
•	Crop Hail					
	Other Medical Malpractice	2,943,069	- 19.9%			
	Life of Insurance					
	Does filing only apply to certain territory (territories) or certain					
	Classes? If so,					
	specify: This filing	ng applies to all territories and	classes.			
	Brief description of filing. (If filing follows rates of an advisory					
	Organization, specify		•••			
	organization):	Independent rate/rule f	iling			
	Dhysiaan/Sur	geon -				
	*Adjusted to reflect all prior ra					
	**Change in Company's prem rates.	ium level which will result	t from application of new			
		Professional Solution	ons Insurance Company			
			ne of Company			
		Jacquie Anderson,	Asst. Vice President Compliance			

filing# PSIC MD 2008 Rate

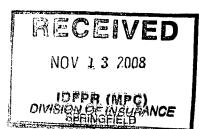
Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

### **SUMMARY SHEET**

Change in Company's premium or rate level produced by rate revision



	effective_1/1/2009	•			
-	(1)	(2) Annual Premium	(3) Percent		
-	Coverage	Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private Passenger				
2	Commercial Automobile Physical Damag Private Passenger Commercial		•		
3. 4. 5.	Liability Other Than Auto Burglary and Theft Glass				
6. 7.	Fidelity Surety				
8. 9.	Boiler and Machinery Fire				
10. 11.	Extended Coverage Inland Marine	,			
12.	Homeowners				
13. 14.	Commercial Multi-Peril Crop Hail				
15.	Other Medical Malpractice  Life of Insurance	19,351,487	-0.03%		
•	Does filing only apply to certain territory (territories) or certain Classes? If so,				
	specify: The territory change only applies to Sangamon county.				
	Brief description of filing. (If filing follows rates of an advisory Organization, specify				
	organization):	Changing territory assignr	nent for Sangamon County, reducing		
	legal defense charge from \$500 to \$100, adding minimum premium for partnerships, corporations and professiona				
	association and removing all references to dentists and oral surgeons from manual				
	*Adjusted to reflect all prior rate changes.  **Change in Company's premium level which will result from application of new rates.				
	ance Company				
			me of Company		
		LaQuita B. Goodwir	n, Compliance Specialist		
		(	Official - Title		

filing# IL 0109